•	THE DIVISION OF HE			44373
TUED ABO 10 MEG	STANDARD CERTII	FICATE OF DEAT	TH State 1	File No
FILED APR 19 1955	REG. DIST. NO. 324	 PRIMARY REG. DIST. N	0. 30721 Regist	rar's No69
1. PLACE OF DEATH			NCE (Where decessed live	ed. If institution: residence before
a. COUNTY Saline		_ state _ Missouri	ь. cour S	NTY admission).
b. CITY (If outside corporate limits, write OR	township) STAY (in this place		ł	d. la Residence within limits of a city of incorporated town?
		-    <del> </del>	(If rural, give location)	112
	r institution, give street address or location) Inva lid Home Stur Deriv St.	ADDRESS 7.54 W.		0970
3. NAME OF a. (First) DECEASED	b. (Middle)	c. (Last)	OF	Month) (Day) (Year)
(Type or Print) Nellie	Hays	Phelan	DEATH	<u> April 15-1955</u>
5. SEX / 6. COLOR OR RAC E'emale White	7. MARRIED, NEVER MARRIED 7. WIDOWED, DIVORCED (8pools) WICOWED	Jan.3-1861	9. AGE (In year last birthday) 94	if under 1 year of under 11 Hrs. Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of wo	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (City	and State or Foreign Coun	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retire	Own Home	Chillicothe	e.Ohio	U.S.A.
Ba. FATHER'S NAME	136. MOTHER'S MAIDEN		14. NAME OF HUSBAND	
John Hays	Mary Burns			
. WAS DECEASED EVER IN U.S. ARME	D FORCES?   16. SOCIAL, SECURITY	17. INFORMANT'S	SIGNATURE OR NA	WE ADDRESS
'es, no, or unknown) (If yes, give war or da	None	Mrs Ben Eva	ans-Marshal	1.Missouri
8. CAUSE OF DEATH Enter only one course per ine for (a), (b), and (c)	CONDITION ADDING TO DEATH*(a)	CERTIFICATION	cardition	INTERVAL BETWEEN PASET AND DEATH
This does not mean ANTECEDENT				
the mode of dying, such as heart failure, asthenia, etc. It means the dis-	ions, if any, giving DUE TO (b)e cause (a) stating cause last.		, •	
ase, injury, or complica-	DUE TO (c)			
Conditions con	NIFICANT CONDITIONS tributing to the death but not sease or condition causing death.	basal cell .	. ?	
9a. DATE OF OPERA- 19b. MAJOR F	INDINGS OF OPERATION		16-3 ==	20. AUTOPSY7
		1		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TO	JWNSHIP) (CO	UNTY) (STATE)
Id. TIME (Mosth) (Day) (Year) OF INJURY	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK	21f. HOW DID INJURY C	OCCUR?	
		1. 1954,10 15	A 10 CT (	hat I last saw the deceased
2. I hereby certify that I attende alive on 19	SI, ghd hat death occurred at	n_2_m_from the	causes and on the d	ate stated above.
23a. SIGNATURE	(Degree or title)	March	hall, his	230. DATE SIGNED
248. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24	d. LOCATION (City, tow	n, or county) (State)
DATE REC'D BY LOCAL   REGISTRAN	S SIGNATURE 2 0 5-0	25. FUNERAL DIRECTO	R S SIGNATURE	ADDRESS
H-16-55" CLEAN	SIGNATURE 3 85-0	1 Lealie Su	organ Ma	salere ma
	(Licensed Bunbalme)'s	Sectement on Reverse Side)		7
		_		

THE DIVISION OF HEALTH OF MISSOURI

## STATEMENT BY LICENSED EMBALMER

	lhereby	, certuy	that the	body	wnose	name	15	recorded	on u	ie reverse	side	OI	uns	certifica	te w	<b>45</b> (	emp
	-																
by m	e, or by										., St	ıder	at Ei	mbalmer	No.	·	
	_	• .															

working under my personal supervision.

Signature of Student Embalmer

Licensed Embalmer No. 2. 4. 2

P. O. Address Masslan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fato comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.